

GAWG EMERGENCY SERVICES

STATEMENT OF MISSION PARTICIPATION

I hereby acknowledge that _____
(Rank) (Print Name)

_____ of the _____
(CAPID) (Unit Name and Charter Number)

is **currently qualified** and has successfully performed the duties of _____
(One Mission Position Only)

under my guidance for either: a) at least four (4) hours as a mission base staff member or other

ground support position or; b) at least one sortie on a ground/UDF team or aircrew position.

(Printed Name, Rank, & CAPID # of Supervisor)

(Signature of Supervisor)

(Unit Name and Charter Number)

(Mission Number)

(Mission Type)

(Date)

Emergency Services Qualification

1. General Emergency Services
2. Incident Commander
3. Agency Liaison
4. Operations Section Chief
5. Planning Section Chief
6. Logistics Section Chief
7. Finance/Admin Section Chief
8. Air Operations Branch Director
9. Ground Operations Branch Director
10. SAR/DR Mission Pilot
11. Transport Mission Pilot
12. Mission Observer
13. Mission Scanner
14. Ground Team Leader
15. Ground Team Member
16. Urban Direction Finding Team
17. Information Officer
18. Flight Line Supervisor
19. Flight Line Marshaller
20. Communications Unit Leader
21. Mission Radio Operator
22. Mission Safety Officer
23. Liaison Officer
24. Mission Chaplain
25. Mission Staff Assistant
26. Radiological Monitor

This form is to be used to give credit for mission participation to **currently qualified personnel** in Emergency Services Specialty Qualifications when they perform tasks they are **already qualified** for during an actual mission or exercise. *It is **NOT** to be used to document upgrade training.*